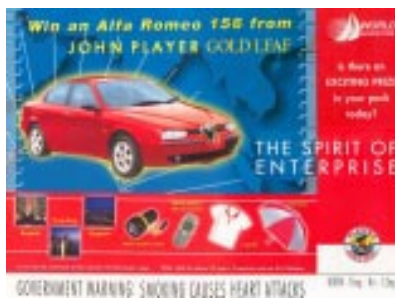


cancer and heart charities, foundations for maternal and child health, and the anti-tuberculosis association, have been working together within an NGO council for tobacco control.

More recently, the Japan Medical Association (JMA) and the Japan Nursing Association have both become much more active on tobacco. Last year, for example, the JMA translated *Doctors and tobacco*, the action guide for medical associations and their members, and used it to hold well attended seminars in several population centres, including one at the headquarters of the JMA in Tokyo. It was encouraging to find that much progress has been made in recent years by modest yet highly active leaders in the national and regional medical associations. They have surveyed doctors' smoking rates and attitudes, as well as making medical association premises smoke-free. Doctors' smoking rates, while high for such an advanced society, are now coming down (from a 1999 level of around 27% for men, 7% for women), and there is increasing interest in tobacco control.

Japan has about 260 000 doctors, of whom around 60% belong to the JMA. Public health, one of the natural pools of leadership on tobacco control found in other countries, has almost no system for qualification in Japan, even though it is a recognised medical specialty. So far there is only one school of public health, part of Kyoto University, which opened two years ago. There is a growing demand to get smoking cessation counselling included among services for which doctors are reimbursed, with all the related problems of quality control and assurance of the delivery of an effective service. As in other countries, many clinicians routinely try to get their patients to quit, and some feel that their colleagues should do the same whether or not they are reimbursed. Meanwhile, in the business world, employers are increasingly realising the benefits of getting smoking employees to quit, and making workplaces smoke-free.

In Japan's often smoky public places, too, there is progress, even if the most publicised smoking ban recently, on certain busy Tokyo streets, was motivated by people, especially children, being burned by the glowing cigarette butts of careless smokers rushing by. Seeing that the epidemiology of passive smoking and lung cancer began life in Japan, with the late Professor Takeshi Hirayama's 1981 pioneering study, a more sustained,



Sri Lanka: With another tobacco promotion where luxurious prizes beyond the dreams of most ordinary people are offered to smokers, BAT clocks up a new Hall of Shame entry in Sri Lanka, where this John Player Gold Leaf in-pack prize scheme to win an Alfa-Romeo car was running at the end of last year.

science based public places campaign might have been expected. However, the politeness for which Japan is so deservedly famous is, for tobacco control, a two edge sword. On the one hand, it means that when there are no smoking areas, in public transport and certain other (though too few) public places, they tend to be scrupulously observed; on the other hand, in terms of ordinary members of the public asserting their right to breathe smoke-free air, Japanese people must be among the most reticent in the world, at the opposite end of the spectrum from the non-smokers of the USA whose constant and assertive demands have proved so potent.

There are signs that coalitions of anti-smoking groups will coalesce into a more powerful force, and there is a growing demand for training. There is likely to be a record Japanese contingent in Helsinki this summer. We must hope that Japan's economy allows the government to sell its JT shares, and begin the serious business of hands-on, health driven, comprehensive tobacco control.

D SIMPSON

Where are they now?

What happens to scientists and others revealed by tobacco industry documents to have been agents for the brown army? Readers are invited to submit their modern day discoveries of those names familiar to us from the tobacco papers. Meanwhile, here's one to ponder. At a conference last December to mark the 50th anniversary of the great London smog, two figures were seen huddled together, apparently reluctant to socialise with the more than 200 other delegates present,

mainly physicians and scientists. The two turned out to be George Leslie, heavily involved in organising industry sponsored conferences on indoor air quality, including some in the Far East; and John Hoskins who edited *Indoor Air International* (now *Indoor+Built Environment* of the International Society of the Built Environment) in the days when seemingly all the board were industry funded. Will they now be penning papers to show that pollution levels in cities such as London are really the cause of much of the disease blamed on smoking? Watch this space.

D SIMPSON

Hong Kong, China: return of the butt people

There's something rotten in the Special Administrative Region. Having progressed from almost zero tobacco control 20 years ago to being a regional leader with a comprehensive tobacco control policy by the time it was handed back to China in 1997, Hong Kong is beginning to look decidedly vulnerable to the ever present threat of attack by the tobacco industry. Most sinister is the frequent appearance of people infamous for their previous service to the industry, in new appointments not just in government, but in the health sector.

For example, the University of Hong Kong's medical faculty, whose department of community medicine is a world leader in research on the effects of smoking on health, has accepted free public relations services from Brenda Chow, the former Tobacco Institute chairwoman and local public affairs director of BAT. The dean of the medical faculty, Professor Lam Shiu-kum, told staff in a memo that the university had invited her to organise a series of media workshops, describing Ms Chow as a "renowned and experienced PR consultant", but failing to mention her tobacco industry background.

And he certainly made no mention of her being not so much renowned, but notorious in the eyes of most public health professionals, for a long history of the very worst sort of industry-speak in the mass media. "Smoking may be a risk factor [for cancer], but that doesn't mean cause," she said in 1989. "There's no point in carrying on [with health warnings] when people know about it." She did not neglect the more traditional industry mantras,

such as “Advertising is not a significant factor in encouraging youngsters to begin smoking”. In 1992, she eulogised about colourful tobacco ads making Kai Tak airport the jewel it then was “...essential ingredients in the local landscape”. In 1997, she greeted the total tobacco ad ban in the final round of legislation of the colonial government as “...five steps backwards”. By 2001 she was on to addiction: “If nicotine is so addictive, how come the nicotine patches do not sell? Tobacco is an easy target. People jump on the bandwagon.” She also opposed rises in tobacco duty and government funding for the Council on Smoking and Health (COSH). In short, she seems to be the sort of person who, on the face of it, would be about as welcome in a medical faculty as the proverbial rattlesnake in a lucky dip.

Some months earlier, the government appointed Sarah Liao Sau-tung as secretary for environment, transport and works. She had been a Philip Morris consultant on passive smoking, receiving an estimated HK\$1 million (US\$128 000) in 1990 from the largely tobacco funded Centre for Indoor Air Research to study air quality in Hong Kong. Her co-researcher, John Bacon-Shone, has also been named as a tobacco consultant. Both deny knowing that the tobacco industry was the source of the funding, but an industry lawyer said he told Ms Liao. Perhaps she forgot.



Customs and Excise advertisement in Hong Kong, indicating the dire consequences for anyone caught smuggling cigarettes, which is jointly supported by the Tobacco Institute (whose logo appears in the bottom left corner of the poster).



In Pakistan, the Agha Khan university in Karachi has been playing an important role in educating society about tobacco, in this case, by organising a well attended march, complete with thought provoking posters for World No Tobacco Day last May.

Then there is the case of Mr Lee Jark-Pui. He served as executive director of the Hong Kong Tobacco Institute for seven years until 1994, but is currently a member of the Hospital Authority Board, on which also sits Professor Lam Shiu-kum. Aside from this apparently careless lack of discrimination in public sector appointments, a succession of attempts by tobacco companies to fund educational programmes of the “We’ve changed!” variety have been rumbled and in some cases prevented. But tobacco is a many headed Hydra and no doubt other schemes get through, big and small, before anyone realises their provenance.

An unexpected and singularly inappropriate alliance between tobacco and the government popped up last November, when health advocates were appalled to see advertisements by the Customs and Excise department urging the public not to smoke contraband cigarettes and to shop anyone they thought was involved in smuggling. Not surprisingly, COSH fired off a letter citing a review of over 160 reports from the media, governmental and other sources worldwide on the issue of tobacco industry involvement in smuggling. It added a clear reminder that if an ongoing investigation resulted in prosecution of tobacco industry players, there would be severe embarrassment for the Hong Kong government arising from this unhealthy new alliance.

Astonishingly, the response from the Customs and Excise department, signed by one K Chow (presumably no relation), was written in terms that might have been drafted by Brenda

Chow herself. “Smoking is a complex social phenomenon,” it began. “It is the government policy to introduce tobacco control measures in a step-by-step approach...” and after a few more sentences of child level explanation of government policy, and reiteration of the department’s commitment to educate the public not to buy illicit tobacco, it ended: “We appreciate the perception problem you raised and wish to assure you that we will take that into account when planning our future educational efforts.” Perception problem? Is this a new style euphemism from the industry stable? With government departments like this, what need has the industry of friends?

D SIMPSON

Doctors’ manifesto

In 1951, British researchers Richard Doll and Austin Bradford Hill began a study that provided convincing evidence that the great majority of lung cancers were caused by smoking. The subjects of their study were some 40 000 British doctors. Now, 50 years after that study, there is another historic opportunity for doctors to make use of their unique position.

In the British Medical Association publication *Tobacco under the microscope*, doctors examine the evidence, identify best practice, and set out their manifesto for global tobacco control. Some 30 eminent doctors from around the world contributed to the manifesto, and umbrella medical associations whose member organisations represent more than 10 million doctors in